

## FIELD OFFICE ETHICS PROGRAM LOCATION SURVEY

Please review the attached field office location list for your agency. For any information that has changed substantially or locations that are not included, please complete a new form for each location. Minor changes and/or deletions may be made directly on the attached list. If no agency list is attached, you may assume that we have no field office ethics program information for your agency. In that case, complete one form for each location. Provide information for *bona fide* field office ethics programs, i.e., field offices that collect, review, and retain financial disclosure reports and/or conduct ethics training, in addition to providing oral and written ethics advice. If you have no field office ethics program, complete all information except items 4 and 5.

**Important Note: This survey is intended for completion by Federal employees only.**

1.	<b>AGENCY NAME</b>	_____
	<b>YOUR NAME AND PHONE NUMBER</b>	_____
2.	<b>HOW MANY FIELD OFFICE ETHICS PROGRAM LOCATIONS DOES YOUR AGENCY HAVE?</b>	_____ (If none, skip to question 6.)
3.	<b>THE ATTACHED LIST IS CORRECT AND NO OTHER CHANGES/ADDITIONS ARE REQUIRED.</b>	YES _____ (Skip to question 6.) NO _____ (Make the required additions/changes, then go to question 6.) NO LIST _____ (Make the required additions.)
4.	<b>PROVIDE THE FOLLOWING INFORMATION FOR EACH ADDED LOCATION/SUBSTANTIVE CHANGE:</b>	
	FIELD OFFICE ADDRESS	_____ _____ _____
	FIELD OFFICE CONTACT NAME AND TITLE	_____ _____
	CONTACT PHONE NUMBER	_____
5.	<b>THIS FIELD OFFICE PARTICIPATES IN THE FOLLOWING ASPECTS OF THE ETHICS PROGRAM:</b>	
	SF 278 review/retention	YES____ NO____ Est. number Reviewed/Retained____/____
	OGE 450 review/retention	YES____ NO____ Est. number Reviewed/Retained____/____
	Ethics training	YES____ NO____
	Oral/written ethics advice	YES____ NO____
6.	<b>WHAT IS YOUR E-MAIL ADDRESS?</b>	
	Field office e-mail address	_____
	Agency e-mail address	_____
7.	<b>IF YOU HAVE AN ETHICS WEB SITE ON THE INTERNET, WHAT IS YOUR ADDRESS?</b>	_____

Please return your completed form(s)/corrected list to PHYLLIS HOFFER by SEPTEMBER 12, 1997.  
Thanks for your cooperation.